

Your Social Security Number <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	Last Name, First Name and Initial (Joint applicants enter first name and initial of each - Enter spouse last name ONLY if different)
Spouse's Social Security Number <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	Home Address (Number and Street, including apartment number or rural route)
County/Municipality Code (See Table page 10) <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	City, Town, Post Office State Zip Code

For Privacy Act Notification, See Instructions

1. Residency Status: ☐ Homeowner ☐ Mobile Home Owner
2. Your 2002 Marital Status: ☐ Single ☐ Married
3. Your 2003 Marital Status: ☐ Single ☐ Married

4a. On December 31, 2002, I (or my spouse) was ☐ Age 65 or older ☐ Receiving Federal Social Security Disability Benefits.
Fill in only one oval. If you (or your spouse) were 65 or older and also receiving disability benefits, fill in the oval to the left of "Age 65 or older." **Documentation of age or disability is required. See reverse for acceptable forms of proof.** If you (and your spouse) do not meet the age or disability requirement, you are not eligible for the reimbursement and you should not file this application.

4b. If you (or your spouse) were receiving Federal Social Security Disability Benefits on December 31, 2002, was that same person still receiving benefits on December 31, 2003? ☐ Yes ☐ No. If "No," STOP. You are not eligible for the reimbursement and you should not file this application.

5. Did you live in New Jersey continuously since before January 1, 1993, as either a homeowner or a renter? ☐ Yes ☐ No. If "No," STOP. You are not eligible for the reimbursement and you should not file this application.

6. Did you own and live in your New Jersey home (or lease a site in a mobile home park in New Jersey on which you placed a manufactured or mobile home that you own) since before January 1, 2000? ☐ Yes ☐ No. If "No" STOP. You are not eligible for the reimbursement and you should not file this application.

7. Complete Income Worksheet A (on reverse) and enter the amount of 2002 Total Income from Line p. , .

8. Complete Income Worksheet B (on reverse) and enter the amount of 2003 Total Income from Line p. , .

9. Enter the address for which you are claiming the reimbursement **if different from above.**
 Street address _____ Municipality _____

10. Homeowners: Enter the block and lot number of the residence for which the property tax reimbursement is being claimed.
 Block Lot Qualifier

	2002	2003
11a. Did you share ownership of your principal residence with anyone other than your spouse? (Mobile Home Owners see instructions.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse) (Mobile Home Owners see instructions.)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %
12a. Does your principal residence consist of more than one unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse) occupy as your principal residence.	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> %

If you answered "Yes" at Line 11a or Line 12a, the amount of property taxes you report on Lines 13 and 14 must be apportioned. See instructions.

13. Enter your total 2003 property taxes due and paid on your principal residence. (Mobile Home Owners enter 18% of total 2003 site fees due and paid \$_____ x .18) , .

14. Enter your total 2002 property taxes due and paid on your principal residence. (Mobile Home Owners enter 18% of total 2002 site fees due and paid \$_____ x .18) , .

REIMBURSEMENT AMOUNT

15. Subtract Line 14 from Line 13. , .

If Line 15 is zero or less, you are not eligible for a property tax reimbursement and you should not file this application.

SIGN HERE	Under the penalties of perjury, I declare that I have examined this Property Tax Reimbursement Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than applicant, this declaration is based on all information of which the preparer has any knowledge.		Due Date: June 1, 2004	
	<div style="display: flex; justify-content: space-between;"> <div>➔ _____</div> <div>➔ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Your Signature</div> <div>Date</div> <div>Spouse's Signature (if applying jointly, BOTH must sign)</div> </div>		Mail your completed application to:	
	Paid Preparer's Signature		Federal Identification Number	NJ Division of Taxation Revenue Processing Center Property Tax Reimbursement PO Box 635 Trenton, NJ 08646-0635
	Firm's Name		Federal Employer Identification Number	Property Tax Reimbursement Hotline: 1-800-882-6597

Income Worksheet A
2002 Total Income

If you were married as of December 31, 2002, you must combine your income with your spouse's income.

- a. Social Security Benefits _____
(including Medicare Part B premiums)
- b. Total Pension Income _____
(including IRA and annuity income)
- c. Salaries and Wages _____
- d. Bonuses, Commissions & Fees _____
- e. Unemployment Benefits _____
- f. Interest (taxable & exempt) _____
- g. Dividends _____
- h. Net Capital Gains _____
- i. Net Rental Income _____
- j. Net Business Income _____
- k. Support Payments _____
- l. Inheritances _____
- m. Royalties _____
- n. Gambling & Lottery Winnings _____
(including New Jersey)
- o. All Other Income _____
- p. TOTAL _____

Was your total 2002 income less than \$39,475 if you were single,
OR less than \$48,404 (combined income) if you were married?

- ☐ Yes. Enter the total amount on Line 7 and continue with
Income Worksheet B.
- ☐ No. STOP. You are not eligible for a property tax
reimbursement.

Income Worksheet B
2003 Total Income

If you were married as of December 31, 2003, you must combine your income with your spouse's income.

- a. Social Security Benefits _____
(including Medicare Part B premiums)
- b. Total Pension Income _____
(including IRA and annuity income)
- c. Salaries and Wages _____
- d. Bonuses, Commissions & Fees _____
- e. Unemployment Benefits _____
- f. Interest (taxable & exempt) _____
- g. Dividends _____
- h. Net Capital Gains _____
- i. Net Rental Income _____
- j. Net Business Income _____
- k. Support Payments _____
- l. Inheritances _____
- m. Royalties _____
- n. Gambling & Lottery Winnings _____
(including New Jersey)
- o. All Other Income _____
- p. TOTAL _____

Was your total 2003 income less than \$40,028 if you were single,
OR less than \$49,082 (combined income) if you were married?

- ☐ Yes. Enter the total amount on Line 8 and continue
completing the application.
- ☐ No. STOP. You are not eligible for a property tax
reimbursement.

Proof of Age or Disability Must Be Submitted With Application

Age 65 or Older. If you (or your spouse) indicated at Line 4a that you were 65 or older on December 31, 2002, you must submit proof of age with your application. Examples of acceptable documentation include copies of the following:

- Birth Certificate
- Driver's License
- Church Records

Receiving Federal Social Security Disability Benefits. If you (or your spouse) were under 65 and indicated at Lines 4a and 4b that you were receiving Federal Social Security Disability Benefits on December 31, 2002, and you (or your spouse) continued to receive benefits through December 31, 2003, you must submit with your application a copy of the Social Security Award Letter indicating that you (or your spouse) were receiving benefits based on your own social security number. **Note:** If your marital status is "Married," the same person who was receiving disability benefits on December 31, 2002, must still be receiving benefits on December 31, 2003.